03-23-05 Express Mail Mailing Label No. EV668158578US

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u> (703) 746-4000

INSTRUCTIONS: This forr appropriate. All further corn indicated unless corrected by maintenance fee notifications.  CURRENT CORRESPONDENCE	elow or directed otherwise	in Block 1, by (a)	) specifying a	iicw co	rrespondence address.	, and or (b) in		rate "FEE ADDRESS" for or domestic mailings of the or any other accompanying
				1	naners Each addition:	al naner, such a	as an assignme	nt or formal drawing, mu
21323 759		/0'	INE	i	have its own certificat			
TESTA, HURWITZ & THIBEAULT, LLP HIGH STREET TOWER 125 HIGH STREET MAR			2 2 2005		Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the Unit States Postal Service with sufficient postage for first class mail in an enveloy addressed to the Mail Stop ISSUE FEE address above, or being facsimi transmitted to the USPTO (703) 746-4000, on the date indicated below.			
BOSTON, MA 021	10	13		′ 1		10 (100) 110	,	(Depositor's name
24/2005 EHAILE2 00000	086 09621268	Ze To	COEMARY CO					(Signatur
FC:1501	1400.00 OP	MAR 2	IDEN.	I				(Dat
APPLICATION NO.	FILING DATE	1	FIRST NAMED	INVEN	FOR	ATTORNEY	DOCKET NO.	CONFIRMATION NO.
09/621,268	07/21/2000	STEPHEN I		. GILL	ES	LEX	-007	3473
APPLN. TYPE	SMALL ENTITY	ISSUE FI	UE FEE		BLICATION FEE	TOTAL FEE(S) DUE		DATE DUE
nonprovisional	nonprovisional NO		0		\$0	\$1	400	03/30/2005
	EXAMINER		пт	CL	ASS-SUBCLASS	7		
CANELLA, KAREN A		1642			424-001490	_		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys  1 Kirkpatrick & Lockhart					
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
(A) NAME OF ASSIGN	an assignee is identified be 37 CFR 3.11. Completion of	elow, no assignee of this form is NO (E	data will appe of a substitute f	ar on to or filing E: (CIT	he patent. If an assigg an assignment.  Y and STATE OR CO		ed below, the o	locument has been filed
EMD Lexigen R	esearch Center Cor	р.	Billerio	ca, M	lassachusetts			
Please check the appropriate	assignee category or catego	ries (will not be pr	rinted on the pa	itent):	Individual 🗵 (	Corporation or	other private gr	oup entity Governm
4a. The following fee(s) are	b. Payment of Fee(s):							
☑ Issue Fee			A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached.					
Publication Fee (No s	The Director is hereby authorized by charge the required feets, or credit any overpayment,							
Advance Order - # 0	f Copies		Deposit Acco	unt Nu	mber 50-1721	X(£1)	Cłosk an aktrak	sopy of this form).
a. Applicant claims S	(from status indicated above MALL ENTITY status. See	37 CFR 1.27.			o longer claiming SM			
The Director of the USPTO NOTE: The Issue Fee and P interest as shown by the rec	is requested to apply the Iss rublication Fee (if required) vords of the United States Pat	ue Fee and Publica will not be accepte ent and Trademark	ation Fee (if any ed from anyone k Office.	y) or to other t	re-apply any previou han the applicant; a re	sly paid issue fi gistered attorne	ee to the applic	ation identified above. the assignee or other part
Authorized Signature	Bin Trumbles	5			Date Z	Z Mora L	05	
Typed or printed name _	Registration No. 48,645							
an application. Confidential submitting the completed a	on is required by 37 CFR 1.3 lity is governed by 35 U.S.C pplication form to the USPT s for reducing this burden, s tinia 22313-1450. DO NOT	O. Time will vary	y depending up	on the	individual case. Any	comments on t	he amount of t	ime you require to comp

Alexandria, Virginia 22313-1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.